01 / COPY YOUR PRESCRIPTION

Your injection plan

One medicine and device per record. Your prescription is the source of truth.

Medicine name and brand / formulation:

Device and labelled strength or concentration (copy exactly):

Prescribed dose - exact amount AND unit:

Prescribed frequency / timing / start date:

Prescriber and contact details / pharmacy contact:

Prescription or written-plan date / next review:

Keep amounts and units together

Do not substitute pen clicks, mL, mg or syringe units for one another, or calculate a new dose from this sheet. Ask the pharmacist to explain unclear instructions. [1]

Record only clinician-authorised changes. If your medicine, device or instructions change, start a new plan page and keep the old one dated.

Late or missed injection? Use the instructions for your exact product or ask the pharmacist/prescriber. This calendar gives no catch-up or dose-escalation advice. [2]

02 / PLAN AND RECORD

Your injection calendar

Fill the dates for any month. Mark only the schedule you were prescribed.

Month / year: _____ Medicine / plan date:

P = planned from my prescription T = taken (see log) ? = needs advice

MON	TUE	WED	THU	FRI	SAT	SUN
Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____
Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____	Date: ____

Write the actual date, time and dose on page 3 after taking it. A planned mark is not evidence that a dose was taken. Do not use this blank calendar to decide a new schedule.

03 / WHAT I ACTUALLY TOOK

Injection record

Complete after administration. Use the exact unit from your instructions.

Medicine / device / prescribed-plan date:

Planned date	Actual date / time	Dose + unit taken	Injection site	Supply / batch or notes

Symptoms or concerns / when they started / advice received

04 / SUPPLIES AND REVIEW

Keep the details together

Copy storage and in-use dates from your product information or pharmacist.

Product / device / batch or lot number:

Expiry date: _____ First-use date (if applicable):

In-use discard date, if specified / where the instruction came from:

Storage instructions / pharmacy contact:

My next prescription, supply or sharps-disposal question

Sources and scope

[1] FDA: Injectable semaglutide dosing errors

https://www.fda.gov/drugs/human-drug-compounding/fda-alerts-health-care-providers-compounders-and-patients-dosing-errors-associated-compounded

[2] NHS SPS: Missed or delayed medicine doses

https://sps.nhs.uk/articles/advising-on-missed-or-delayed-doses-of-medicines/

This is a personal log, not instructions for injecting, choosing a site or changing treatment. Follow your product leaflet and training. Seek prompt advice for a suspected dosing error or concerning symptoms rather than waiting for a routine review.